

Answers to Frequently Asked Questions  
Regarding Transportation on the  
Home and Community Based Services Waiver for Persons  
with  
Developmental Disabilities

- Transportation services are those which provide access to community resources.
- Transportation services consist of material benefits such as tickets/passes, as well as the actual provision of the transportation service. This includes provision for payment to neighbors, co-workers, and other community members using private automobiles to transport individuals for purposes of accessing community resources.
- As with other services, transportation must be identified in the assessment and service plan as a distinct service.
- Level 1 Transportation - the individual does not require mechanical assistance to transfer in and out of the vehicle.
- Level 2 Transportation - the individual requires mechanical assistance to transfer into and out of the vehicle (and vehicle must be modified to accommodate the individual);
- All individuals who reside in settings with 24-hour paid staff supports are to have the monthly rate of up to \$150 for Level 1 or \$300 for Level 2 Transportation included in their waiver Plan of Care/Cost Comparison Budget (POC/CCB).
- Individuals who reside in settings without 24-hour paid staff supports have the per mile rate of \$.28 for Level 1 or \$.56 for Level 2 Transportation included in their waiver POC/CCB as needed by the individual to gain access to the services and activities specified in their individual plans.
- Certified providers of habilitation services are automatically being certified as providers of Transportation Levels 1 and 2 for the DD Waiver. If an individual receives habilitation from more than one provider, the interdisciplinary team will need to determine which agency to designate the transportation provider.
- This does not preclude the transportation provider from sub-contracting with other providers on the individual's POC to provide some of the transportation services.
- When staff accompany the individual, the provider may bill for both Transportation and the other service provided by the staff (i.e. Personal Assistance, Individual Habilitation, Group Habilitation, Supported Employment, etc.). This is to pay for the staff time of providing the transportation, while the Transportation service is to pay for the actual mode of transportation being utilized.
- The EDS Billing Code for all Transportation is Z5142.
- To add Transportation to an individual's POC, a letter should be sent to the individual's Case Manager detailing if the individual requires Level 1 or Level 2 and if that person is in a 24-hour setting or not. Suggested Letters are attached.

December 18, 2001

Case Manager  
Company  
Address  
Address  
City, State ZIP

Dear Case Manager Name:

Per the October 9, 2001 letter from Alison Becker, Director of Fiscal Services for the Division of Disability, Aging and Rehabilitative Services, I am writing this letter to request the addition of transportation to WAIVER RECIPIENTS NAME's Plan of Care/Cost Comparison Budget.

Based on the fact that this individual has 24-hour paid staff and requires a regular/modified (choose one) vehicle for transportation, I am requesting the rate of \$150/300 (choose one based on the type of vehicle selected above) be added to the Cost Comparison Budget. It is my understanding that this money is to be utilized for transportation of the individual to community outings not otherwise funded by the Medicaid State Plan or Medicaid Waiver program.

Thank you for your help in this matter. Please contact me if I may be of further assistance.

Sincerely,

Provider Name

Issued by the Family and Social Services Administration, Division of Disability, Aging and Rehabilitative Services, Bureau of Fiscal Services  
12/18/2001

December 18, 2001

Case Manager

Company

Address

Address

City, State ZIP

Dear Case Manager Name:

Per the October 9, 2001 letter from Alison Becker, Director of Fiscal Services for the Division of Disability, Aging and Rehabilitative Services, I am writing this letter to request the addition of transportation to WAIVER RECEIPIENTS NAME's Plan of Care/Cost Comparison Budget.

As indicated in the Service Planner/Individual Support Plan, this individual will be going the following places (e.g. work, community activities included in plan). Because of this, and because the individual requires a regular/modified (choose one) vehicle for transportation, I am requesting the X units at a rate of \$.28/.56 per mile (up to \$150/300 per month) (choose one based on the type of vehicle selected above) be added to the Cost Comparison Budget. It is my understanding that this money is to be utilized for transportation of the individual to community outings not otherwise funded by the Medicaid State Plan or Medicaid Waiver program. Furthermore, it is my understanding that, while this service is to be tailored toward individual goals and objectives, if additional consumers are utilizing the transportation at the same time, I will be reimbursed the same rate for each consumer (i.e. three consumers in a regular vehicle would be reimbursed at \$.84/mile).

Thank you for your help in this matter. Please contact me if I may be of further assistance.

Sincerely,

Provider Name